

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**DONALD J. TRUMP FOR PRESIDENT, INC.**

**A. Full Name (Last, First, Middle Initial)**

**CABO NIKOLOV, AIMEE, , ,**

Mailing Address 15202 SW 80TH AVE

City

PALMETTO BAY

State

FL

Zip Code

33157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

IMIC

Occupation

PRESIDENT

Receipt For: 2020

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

263.00

**Transaction ID : SA17A.488970**

Date of Receipt

**04** / **24** / **2020**

REDESIGNATION FROM PRIMARY

Amount of Each Receipt this Period

100.00

☒ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**CABO NIKOLOV, AIMEE, , ,**

Mailing Address 15202 SW 80TH AVE

City

PALMETTO BAY

State

FL

Zip Code

33157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

IMIC

Occupation

PRESIDENT

Receipt For: 2020

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

163.00

**Transaction ID : SA17A.489196**

Date of Receipt

**04** / **24** / **2020**

REDESIGNATION TO GENERAL

Amount of Each Receipt this Period

- 100.00

☒ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**CABO NIKOLOV, AIMEE, , ,**

Mailing Address 15202 SW 80TH AVE

City

PALMETTO BAY

State

FL

Zip Code

33157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

IMIC

Occupation

PRESIDENT

Receipt For: 2020

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

263.00

**Transaction ID : SA17A.489197**

Date of Receipt

**04** / **24** / **2020**

REDESIGNATION FROM PRIMARY

Amount of Each Receipt this Period

100.00

☒ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

0.00

**Total This Period (last page this line number only)**.....